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PTO/SB/83 (04-05)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/720,583
	Filing Date	June 25, 1999
	First Named Inventor	Pieter H. POUWELS
	Art Unit	1652
	Examiner Name	M. Walicka
	Attorney Docket Number	251502009000

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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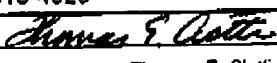
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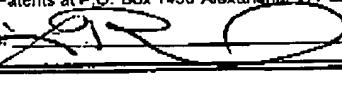
OR

<input checked="" type="checkbox"/> Firm or Individual Name	Mr. Bryan H. Davidson Nixon & Vanderhye P.C.		
Address	11 th Floor 901 North Glebe Road		
City	Arlington	State	VA
Country	U.S.A.		
Telephone	(703) 816-4026	Email	bhd@nixonvan.com
Signature			
Name	Thomas E. Clotti	Registration No.	
Date	October 3, 2006	Telephone No.	(650) 813-5702

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PAGE 3/3 * RCVD AT 10/3/2006 9:32:47 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-3/7 * DNIS:2738300 * CSID: * DURATION (mm:ss):01:18

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Comments:

Atty Docket No: 25150-20090.00
Application Serial No.: 09/720,858-583
Filed: June 25, 2001
Patent No: 6,830,901
Issued: December 14, 2004
Inventors: Pieter H. POUWELS *et al.*
Art Unit: 1652
Examiner: M. Walicka
Title: PROPIONIBACTERIUM VECTOR

Enclosed are the following documents:

1. Transmittal – 1 page
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address – 1 page

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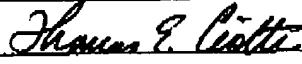
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	Patent#: 6,830,901
		Filing Date	Issued: December 14, 2004
		First Named Inventor	Pieter H. POUWELS
		Art Unit	1652
		Examiner Name	M. Walicka
Total Number of Pages in This Submission	2	Attorney Docket Number	251502009000

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address - 1 page
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Thomas E. Ciotti		
Date	October 3, 2006	Reg. No.	21,013

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Dated: October 3, 2006	Signature: 	(Lindsay Seydel)

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